Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Brookfield Nursing Home

Grange Road, West Kirby, Wirral, CH48 4EQ Tel: 01516255036

Date of Inspection: 20 June 2013 Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Brookfield Care (West Kirby) Limited
Registered Manager	Ms. Christine Mary Whiteside
Overview of the service	Brookfield Nursing Home is a two storey building set in its own grounds close to the centre of West Kirby. The home is registered to provide nursing care and personal care for up to 25 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People we spoke with were very happy with the care that they received. One person told us "you couldn't get better care than we have here" and another said "the staff are second to none". We saw letters of thanks that had been sent to the manager recently. One person had written about the "wonderful care and attention" another wrote that "staff were so kind and the support was above and beyond all expectations". A number of people mentioned how welcome the family felt when they visited the home.

People received a choice of meals and facilities were available on both floors of the home to make hot and cold drinks at any time. Medicines were well managed to ensure that people always received what was prescribed by their doctor.

Regular health and safety checks were carried out to ensure the premises were kept safe. Employment checks were carried out to ensure that new staff were safe and suitable to work with frail older people.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

When we visited Brookfield Nursing Home on 20 June 2013 there were 22 people living at the home, with another person expected later in the day. Most people required nursing care, but some were more independent. The manager told us that nobody was very ill at this time. Short term care was provided for people by request if a room was available and the home had provided a service for a number of people under the 'Alternative to Hospital' scheme.

We saw that everyone had a detailed care plan. The care plan folders contained assessment documents that had been completed before the person came to the home to make sure that their needs could be met. Further assessments were completed when they had arrived. Plans had been written to address areas of need that were identified by the assessment and these were written in a person-centred style which reflected people's personal choices. Risk assessments were completed for any identified risks, for example use of bed rails, nutrition, falls and pressure areas. A detailed daily report was made by day and night staff. Visits by GPs and other health professionals, and clinic appointments were recorded. The plans had been reviewed monthly and updated where needed.

We saw that there was plenty of equipment, for example hoists, pressure-relieving mattresses and adjustable beds, to meet people's needs.

Staff had received training and introduced documentation to develop excellence in end of life care. We saw this in place in people's care plans. For one person who had a terminal illness, we saw that anticipatory medicines had been prescribed and were available at the home to ensure that the person would be kept comfortable and pain free. The NHS palliative care team was involved in this person's care as well as their own GP.

People's social needs were supported by two activities organisers. The activities organisers told us that they organised trips out and entertainment within the home, for example visits by a charitable organisation 'Live Music Now'. They also spent time one to one with people supporting them to maintain their hobbies and interests. During our visit

we noticed that one person was listening to a talking book.

We saw that any accidents that occurred were recorded on an accident form and the manager wrote a report about each incident. These were filed and audited monthly.

People we spoke with were very happy with the care that they received. One person told us "you couldn't get better care than we have here" and another said "the staff are second to none". We saw letters of thanks that had been sent to the manager recently. One person had written about the "wonderful care and attention" another wrote that "staff were so kind and the support was above and beyond all expectations". A number of people mentioned how welcome the family felt when they visited the home.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Since our last visit to the home there had been a change of personnel in the kitchen and the manager considered that the new staff had greatly improved the standard of catering. The senior chef had completed a national vocational qualification in catering. New menus had been compiled following consultation with the people who lived at the home.

People had their breakfast in their bedrooms and could have a cooked breakfast if they wished. The manager said that she supervised breakfast service three days a week so was able to monitor the quality of the service and the meal. We saw that some people went to the dining room for their lunch, which was the main meal of the day. This was a social event and people were engaged in conversation. The tables were set with cloths, condiments, menus and a choice of cold drinks.

The evening meal was at 5pm and homemade soup was available every evening to add nutrition to meal. Evening and night staff had access to the kitchen and could make snacks for people.

The manager told us that two people had been receiving a service from a dietician. One of these people had regained their appetite and no longer required input from the dietician. The other person had special dietary needs. We saw that people's weights were recorded monthly and a plan of care was put in place if a concern was identified. Enriched drinks were provided for people at risk of malnourishment.

We observed that at lunchtime the cook served out the meal in the dining room. People had been asked the previous day whether they wished to have the meal of the day or an alternative. On the day we visited, one person had requested an alternative. We saw that one person required a pureed meal and this was nicely presented. Members of care staff told us that three people required assistance with their meals.

There was an area on each floor of the home where hot and cold drinks could be made by staff, visitors or people living at the home.

The catering arrangements and facilities had received a five star rating from the environmental health officer who visited.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the arrangements for ordering, storage, administration, and disposal of medicines. The people living at the home were registered with two GP practices and received repeat prescriptions from them. The repeat prescriptions were received at the home and checked by the manager or the deputy manager. Copies were kept to show what had been ordered. The manager or deputy manager checked in the items that were received and we saw this recorded in detail on the medicine administration (MAR) sheets.

The home used a pharmacy in Birkenhead and the manager considered that they received a good service, with medicines being delivered in an evening. The pharmacy was open until 10:30pm during the week. Repeat drugs were delivered on a Monday or Tuesday ready to start on the Friday. If people were seen by their doctor and prescribed a new item, for example an antibiotic, these were delivered the same day. At the end of each medication cycle, a record was made of any unused medicines and a contract was in place for disposal.

We saw that storage was in a room of adequate size with locked cupboards and a separate controlled drugs cupboard. Room and fridge temperatures were recorded. There were two medicines trolleys, one for each floor of the home. Most medicines were dispensed in monitored dose blister packs. All storage was neat and tidy and there were no surplus stocks.

We looked at administration records and these showed that people received their medicines as prescribed. We saw only one occasion when a signature had been missed. There was a separate record to show when people had received antibiotics. There was a separate record of controlled drugs and of drugs liable to misuse.

The home had policies and procedures for self-administration of medicines however the manager told us that, at that time, none of the people living at the home looked after their own tablets but some were able to apply prescribed creams.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Brookfield Nursing Home is an old building that has been adapted and extended over many years. We saw that most of the bedrooms were spacious and some had en suite facilities. The manager told us about the major refurbishment plan that had been developed since our last visit to the home. This included a new laundry and kitchen, replacement of carpets and floor coverings, and upgrading of all bedrooms and shower rooms. The manager said that she was also hoping to increase lounge space and replace the passenger lift which was too small to accommodate larger trolleys and other items of equipment. The refurbishment had gone out to tender and the manager anticipated that work would commence before the end of the summer.

The home had well tended gardens at the back and some of the bedrooms looked out onto the gardens. Some had a small balcony or patio and one person told us how much they enjoyed growing plants on their patio. We found that all parts of the home appeared clean and there were no unpleasant smells.

Regular health and safety checks were carried out by a member of administration staff who took lead responsibility for health and safety in the home and the adjoining domiciliary care service. A weekly fire alarm test was carried out and an individual emergency evacuation plan was in place for each person who lived at the home. The home did not employ a maintenance person and maintenance support was brought in as needed.

We saw that equipment and services were tested and maintained as required. The passenger lift had last been inspected in March 2013; moving and handling equipment had been serviced in May 2013; the gas safety certificate was dated October 2012 and the electrical installation certificate March 2012. An asbestos inspection had been carried out in February 2013 and a Legionella water test in May 13.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the staff rotas which showed that there was a registered nurse on duty over the 24 hour period. The home manager, who was a registered nurse, worked approximately half of her hours in a hands-on role and half supernumerary for management tasks. The manager had been registered with the Care Quality Commission since our last visit. Nearly all of the care staff had a national vocational qualification (NVQ) in care.

We looked at the records for two members of staff who had started working at the home since our last visit and the records showed that satisfactory recruitment processes had been followed. They had completed application forms which provided details of their previous employment. Two valid written references had been received for each person and Criminal Records Bureau disclosures were in their files.

The staff files did not provide evidence of an induction process for the new staff, however the manager assured us that this had taken place with senior members of staff but the written record had not yet been added to their file. The manager had a new induction programme based on the Skills for Care common foundation standards which she intended to implement for new staff. One of the new staff already had an NVQ in care and the other had enrolled to do NVQ. Since starting work at Brookfield, they had both attended training about fire safety, safeguarding, and moving and handling.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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